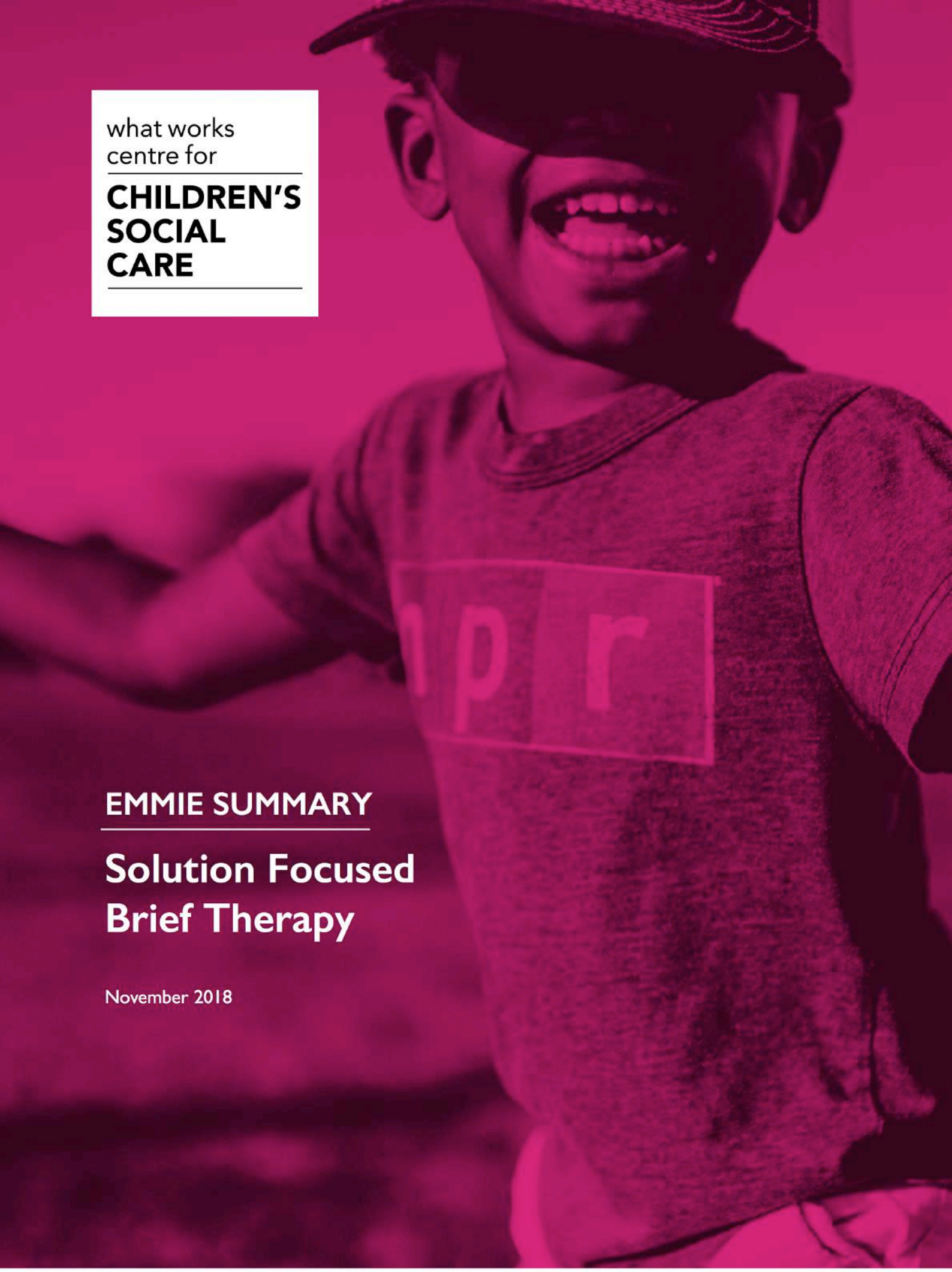
what works centre for

CHILDREN'S SOCIAL CARE



EMMIE SUMMARY

Solution Focused Brief Therapy

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Alliance for Useful Evidence · nesta · scie social care institute for excellence · Cardiff University School of Social Sciences Ysgol y Gwyddorau Cymdeithasol · FUTUREGOV · CASCADE · TRAVERSUM

About the What Works Centre for Children's Social Care

The What Works Centre for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. Our mission is to foster a culture of evidence-informed practice. We will generate evidence where it is found to be lacking, improve its accessibility and relevance to the practice community, and support practice leaders (e.g. principal social workers, heads of service, assistant directors and directors) to create the conditions for more evidence-informed practice in their organisations.

About CASCADE

CASCADE is concerned with all aspects of community-based responses to social need in children and families, including family support services, children in need services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

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EMMIE summary: Solution Focused Brief Therapy

This evidence summary is based on the following systematic review

Kevin Woods, Caroline Bond, Neil Humphrey, Wendy Symes (2011). Systematic review of Solution Focused Brief Therapy (SFBT) with children and families. Department for Education (DfE) Research Report RR170

What is the intervention?

Solution Focused Brief Therapy (SFBT) is a strengths-based approach to working with children and families. Developed in the USA during the early 1980s, SFBT has been applied across a multiple contexts and client groups including school, family, individual and group settings. It is flexible, and client focused, with an emphasis on 'life without the problem' rather than a detailed analysis of problems themselves.

SFBT seeks to enable clients to do more of what works well for them, through what is often a short series of sessions. Sessions would typically focus on client goals and identify strengths and resources by eliciting exceptions to the problem.

This narrative is based upon a review by Woods and colleagues (2011), which was funded by the Department for Education in the aftermath of the 'Baby P' case. The local authority in which Peter Connolly died was said to have used SFBT, so the review investigated the role of SFBT in that case, and also the broader evidence base of the approach. The emphasis on strengths to overcome difficulties has proved popular within social work, and this ethos is a core part of many other interventions. However, concerns that the approach enables client centred work with parents at the expense of appropriate management of risks to children have been raised by critics of SFBT.

What outcomes were studied?

The review examines a range of outcomes that relate to children and families, but overall the review authors noted a lack of outcome measures related to Children's Social Care. This is consistent with the wide and varied use of SFBT, but it makes evaluating its effectiveness in changing specific outcomes difficult. Only two papers out of 38 included in the review were identified as 'relevant to children suffering significant harm', and 34 were 'relevant to the category of "children in need"'. Furthermore, the review does not look directly at entry to care or reunification from care.

Outcomes included in the review that do relate to Children's Social Care included: children's externalising behaviour problems (eg, aggression, truancy), internalising behaviour problems (eg, anxiety, depression), and reduced recurrence of child maltreatment. Other outcomes that were less relevant include developmental and learning goals, such as reading fluency.

Effectiveness: how effective is SFBT?

Thirty-eight studies were included in a 'pool of best evidence' within the review. Of these, eight found that SFBT produced some outcomes that were better than treatment-as-usual or a control condition. These were improvements in relation to children's internalising and externalising behaviours. In addition, there was 'some emerging evidence' that indicated that the intervention was effective in other areas, for example in reducing recurrence of child maltreatment or improving functioning of young people with developmental impairments.

The effectiveness of SFBT in reducing the number of children in care has not been directly researched. Of the 38 studies included, only two focused on issues related to child protection, one of which was a case study of a single child and parent. The second used a larger sample, but the intervention was combined with other approaches, making this finding difficult to interpret.

Furthermore, several limitations of the evidence base were highlighted. Notably, the absence of control or comparison groups, limited use of reliable and valid outcome measures. As we note below, the limited information about how different elements of SFBT may be used and combined with different problem areas, client types and complementary interventions also hamper attempts to evaluate its effectiveness.

Mechanisms and Moderators: when, where and how does it work, and who does it work for?

The review raises several issues regarding how and where SFBT has been used. Its use in combination with other interventions, delivered by the same or different practitioners, is a major challenge for judging its effectiveness. Not only is this a problem because it can be difficult to separate the effects of SFBT from those of the other interventions, but it also increases the likelihood that SFBT is delivered in different ways.

This potential lack of 'fidelity' to what the originators of SFBT intended raises questions about whether a range of different examples of SFBT have enough in common to be considered the same intervention. For example, the review highlights inconsistency in what are understood to be the core components of the model, and notes "variability in the modality (for example individual/ group delivery) and average number of sessions" (pp. 18).

SFBT has also been used more extensively in the USA than in the UK, and we often find models of intervention do not work in the same ways when they are implemented elsewhere.

Furthermore, measures of effectiveness are not consistent because key concepts and norms, for example around definitions of 'child maltreatment' or thresholds for intervention, vary across jurisdictions. One of the most relevant studies in the review was undertaken in the USA and involved using solution focused interview techniques to develop a child welfare practice model called Solution Based Casework.

This is the basis of some proposed mechanisms for SFBT. The study noted that SBC emphasised partnership with the family, targeted specific skills required to reduce risk, provided a case planning framework which included the use of safety plans and family and individual objectives. It also suggested SBC was most effective in strong child welfare teams, where supervisors and team members worked closely and were receptive to new practice. Although this study had a relatively large sample, it was methodologically flawed, with short follow up periods and insufficient detail for replication.

Implementation: How do you do it?

The wide and varied use of SFBT, on its own and with other interventions, makes describing implementation difficult. The review provides descriptions of how SFBT was conducted in a therapeutic session along with a brief statement related to additional training, including post qualification education in psychological therapy being necessary to implement the intervention. Overall, SFBT sessions tend to last an hour and end with the therapist complimenting the client, setting homework tasks, and arranging for additional sessions if needed.

SFBT has been implemented in a variety of different ways. Several core elements of SFBT are discussed, including the use of scaling questions, the 'miracle question', goal setting, giving compliments, and exploring potential for change. Yet, they feature very variably in the studies included in the review. Among the five 'high quality' studies, none of the core elements featured in more than four, and some (eg, evaluation of client potential to change) did not feature at all. Among the medium quality studies, the evaluation of the client potential to change was featured once, which may be related to overall study quality and design or a limitation of SFBT itself.

Economics: What are the costs and benefits?

Two of the 84 included studies included in the review were deemed relevant to understanding the cost-benefit of SFBT. However, there is a lack of clarity about how these judgements were made, and on closer inspection there are serious problems in the economic analyses presented. Neither study gives a reliable estimate of the costs and benefits of SFBT. The first is a cost-offset analysis, because only the cost-saving is described. This tells us far less information than a full economic cost-benefit analysis would.

The second relevant study (Wake et al., 2009) measured both the costs and benefits thoroughly, using an RCT, and concluded that SFBT was not cost-effective. However, it was categorised by the reviewers as providing poor evidence due to the fact that it scored unsatisfactorily due to quality and/or appropriateness criteria.

While the review notes five other studies categorised as providing 'best-evidence' for their provision of time cost information, on assessment of the five studies it becomes apparent that there is no cost data present in any, only descriptions of the procedures used to implement SFBT. From these, the reviewers extracted data related to the SFBT process from each study and applied tariffs which they have developed based on their knowledge of children's commissioning rates within a specific local authority.

The review authors refer to these as 'proxy' cost benefits, but their conclusion that some SFBT designs may be more cost-effective than others is not an appropriate given the lack of information reported in the review on the comparator arm of each study and neither outcomes nor costs are valued appropriately.

What are the strengths and limitations of the review by Woods et al (2011)?

The review gives a comprehensive assessment of the effects of SFBT with children and families. It articulates the wide variety of issues SFBT has been directed at and illustrates some of the challenges in implementing and evaluating SFBT. The review attempts to analyse the economic costs of SFBT, but this is limited and highlights the need for more rigorous cost benefit analysis.

Despite some studies of SFBT suggesting effectiveness in improving children's behaviour and academic results, the evidence base is neither robust nor comprehensive. There were also significant limitations in employing SFBT, including its brief usage, the lack of direct care outcomes, as well as minimal evidence related to moderators and mechanisms. While there appeared to be some evidence available related to implementation, it was not possible to specify the ways that it occurred. The authors highlight the need for that further high-quality research regarding the effectiveness of SFBT, especially in relation to child protection.

Summary of key points

- SFBT focuses on strengths rather than problems and has been used on its own and in combination with other interventions, across a wide variety of settings
- There is limited evidence of SFBT in the context of child protection.
- Some studies demonstrated improvements in children's externalising and internalising behaviours
- The quality of the studies included was limited, and there was an absence of control groups and outcome measures provided
- There was some indication that SFBT may be effective when combined with other interventions in a limited number of studies
- Only two studies reviewed offered 'some emerging evidence' that SFBT is effective in reducing recurrence of child maltreatment. Both were conducted in the USA and we do not know now the findings would be replicated in a UK context
- More rigorous cost benefit analysis is needed to understand the economics of SFBT

Implementation information

Studies from which implementation information on the website was extracted, were:

- Antle, B. F., Barbee, A. P., Christensen, D. N., & Sullivan, D. J. (2009). The prevention of child maltreatment recidivism through the Solution-Based Casework model of child welfare practice. Children and Youth Services Review, 31(12), 1346-1351
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- Green, S., Grant, A., & Rynsaardt, J. (2007). Evidence-based life coaching for senior high school students: Building hardiness and hope. International Coaching Psychology Review, 2(1), 24-32
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- Springer, D. W., Lynch, C., & Rubin, A. (2000). Effects of a solution-focused mutual aid group for Hispanic children of incarcerated parents. Child and Adolescent Social Work Journal, 17(6), 431–442

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